

Best Practice Standards in the Case Management of Sex Offenders

- A. A comprehensive, collaborative, bio/psycho/sexual evaluation/risk assessment followed by any corresponding, sex offender treatment programming, including applicable polygraph examinations.
 - i. Engaged contacts between the treating professional, the assigned supervision entity, and other related individuals such as family members, sponsors or other relevant individuals are necessary for the most successful treatment outcome.
 - ii. A “team meeting” involving at a minimum the treatment provider, supervising entity and the sex offender should occur within the first 30 days of treatment when and as possible. Additional team meetings should be held at least quarterly thereafter.
 - iii. The supervision entity and treatment provider should meet at least monthly to exchange information pertinent to treatment and/or case management.
- B. Regular, dynamic risk assessment through the use of a validated sex offender risk assessment tool such as the ACUTE not less than quarterly, with periodic more wide-ranging risk assessment on a validated sex offender risk assessment tool such as the STABLE once every six months.
 - i. Reassessment of risk will prompt update of treatment and case plans.
- C. Frequent home, field and neighborhood visits which include engagement with family members, employers and/or others supporting safety and the progress of the individual under supervision for the purpose of behavioral monitoring within the community.
- D. Frequent searches of home, property and electronic equipment for the purposes of behavioral monitoring.
- E. Victim contact. When appropriate, a victim centered approach will be adopted within case management and regular victim contact will be made.
 - a. When completing home, field and neighborhood visits and/or home, property and electronic equipment searches, special attention shall be paid to identification of possible future victims.
- F. Cognitive programming upon completion of sex offender treatment or sooner in collaboration with the treatment provider.
- G. Dosing of involvement in prosocial events outside of the home to avoid isolation.

Other considerations of case management for Reframe Probationers shall include, but not be limited to:

- H. Incorporation of other necessary tools such as chemical testing, GPS monitoring, etc. to monitor or addresses other areas of concern.

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